

Nevada State Board of

# NURSING NEWS

September 2008



*Nursing  
Heritage  
Among the  
NSBN Staff*

Can you guess  
the identity  
of these nurses?



**Annual Statistics of  
CE Audit Outcomes**

**How Can You Bear  
to Be a Nurse?**

**The Board Will  
Have the Hearing  
Without You. . .**

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874 American Pacific Drive, Henderson, NV 89014			

*The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective regulation of nursing.*

**Debra Scott**, MSN, RN, APN, FRE  
Executive Director

5011 Meadowood Mall Way,  
Suite 300  
Reno, NV 89502-6547  
888-590-6726  
nursingboard@nsbn.state.nv.us

The **Nevada State Board of Nursing News** publishes news and information quarterly about Board actions, regulations, and activities. Articles may be reprinted without permission; attribution is appreciated.

## CONTACT

### NEVADA STATE BOARD OF NURSING

5011 Meadowood Mall Way,  
Suite 300  
Reno, NV 89502-6547  
phone—888-590-6726  
fax—775-688-2628  
nursingboard@nsbn.state.nv.us

2500 W. Sahara Ave., Suite 207  
Las Vegas, NV 89102-4392  
phone—888-590-6726  
fax—702-486-5803  
nursingboard@nsbn.state.nv.us

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**Circulation includes more than 34,000 nurses,  
nursing assistants and student nurses.**



## Message from Board Member Doreen Begley

THIS HAS BEEN the best year of my 38-year nursing career. But for those of you who know me, I have said that each and every year since becoming a nurse. But, to date, this has been the best year of my 38-year nursing career... and I have had some pretty great years!

I started in San Francisco, in 1970, after graduating from Los Angeles County General Hospital School of Nursing. I worked at San Francisco General Hospital (SFGH) in the “trauma” ICU and in what was called “The Mission” (their emergency department) for six years. Don Trunkey, the very famous trauma surgeon, was doing his residency there at the time. AIDS had not yet been determined to be a disease and we referred to the condition as GRIDS—Gay Related Immune Deficiency Syndrome. While the work was hard, it was always rewarding knowing that we were actively playing a role in defining quality patient care. I remained at SFGH until I moved to Squaw Valley in 1976.

I loved working at Tahoe Forest Hospital, skiing in the winter and enjoying Tahoe summers. While there, a long time colleague of mine, Karen Meskimen, RN, MSN, and I submitted a request for a Certificate of Need to establish an Intensive Care Unit. It took us as long to get our CoN for Truckee as it did for an entire hospital to be built in Incline Village, but we persevered, and today the ICU is thriving.

I then moved to Hawaii, where I worked from 1981-1985 at Maui

Memorial Hospital (another lovely place to be a nurse) and had an ocean front condo. These were truly very good years. My colleague, Jeannie Muldoon, RN and I became CPR instructors and began teaching CPR to hotel employees in Kaanapali. Given the geography and small size of the island, we were able to track the number of “saves” by our former students. It was my first experience with collecting outcome data. . .hard, but rewarding work.

I came to Reno in 1985, where my family had chosen to settle. I met and married Brent, my husband of twenty happy years. Over that period, I worked at Sparks Family Hospital (now Northern Nevada Medical Center) and Washoe Medical Center (now Renown Medical Center) in their emergency departments. While working full time, I was able to obtain my BS and MS degrees in Health Administration. I then became the first nurse executive for the Nevada Hospital Association and, after two legislative sessions, 2001 and 2003, assisted in obtaining funding to allow Nevada’s nursing schools to double their enrollment to address Nevada’s severe nursing shortage. . .very hard, but very rewarding work.

In 2003, I accepted my current position as the administrator for the UNR Orvis Nursing Clinic. Over the past five years, we have gone from seeing less than 1,000 patients a year to seeing over 6,500 annually and have established ourselves as a respected “safety net” health care provider for the community. It is pure pleasure working in

an advanced nurse practitioner clinic providing vulnerable populations with affordable, quality health care in a dignified and healing environment.

My nursing career has deep roots in caring for underserved populations and I have always been a very strong advocate for both my patients and for my nursing colleagues. I share my employment odyssey with you so you can understand that I have had some amazing experiences throughout my nursing career...and I really do mean that this has been the best year yet.

You may ask what has happened to make this particular year so special? I am currently serving the fourth year of my first appointment to the Nevada State Board of Nursing. These past four years have been a wonderful challenge and have significantly broadened my knowledge of nursing regulation. I have found that my extensive clinical background has been an asset in decision-making when hearing cases that come before the Board. Decisions have been thoughtful and I feel I have made productive contributions. I have always been a tremendous patient advocate, and in these past four years, I have found that while protecting the public by ensuring safe nursing practice, I have also found ways to advocate for my nursing colleagues.

Last year, realizing that my four-year term was possibly coming to an end, I ran for and was elected to a one-year term for the board position of Director at Large for the National Council of State Boards of Nursing (NCSBN). If I

were not appointed to another four-year term on the NSBN, I wanted to be sure that I was able to experience all aspects of nursing regulation to learn and contribute to the regulatory process. As Director at Large, I was the board liaison to the NCSBN Advanced Practice Committee, charged with developing The APRN Model of Regulation based upon the LACE model: Licensing, Accreditation, Credentialing, and Education. The integration of all four of these concepts in one document has been challenging and an end product is in sight. . .very, very hard, but rewarding work.

I believe that if you are not a part of the solution, you are a part of the problem. Being able to participate in the nursing process on local, state, national, and international levels gives me a global perspective of nursing issues. I feel very much a part of the solution. One personal highlight this year was meeting Patricia Benner, PhD, author of *From Novice to Expert*. Spending a quality afternoon with her and the NCSBN Board discussing future nursing education and regulatory issues was very special.

There are many unknowns in life, but in Nevada nursing, there is always one "known"—the Nurse Practice Act (NPA). I have developed a very healthy respect for all of the information that is contained in that little blue book (or for those of you so inclined, it is also located online at the NSBN website). Serving on the Board offers incredible opportunities to have unique nursing experiences. I have been constantly amazed at the issues that cause nurses to be brought before the

board. Not a meeting goes by that I am not totally surprised and/or impressed by the nurses' responses to the Board's questions. Through all of the surprises, through all of the unknowns, the Board makes the most thoughtful decisions guided by the Nurse Practice Act.

None of this work is accomplished in a vacuum. I would like to thank the entire staff of the Nevada State Board of Nursing for the quality work they do on a daily basis. I would also like to thank the staff at the Orvis Nursing Clinic, Margaret Durand, RN, APN, Carole Shochat, LPN, Susan McFeely, LPN, and Ginger Washington, AAIL, for supporting me. Without their consistent and dedicated work, I would not be able to do all that I have done . . . the very hard, but rewarding work. As nurses, you all know what the hard part is; when I say rewarding, I mean doing the work I like and liking the work I do.

I believe that my work in nursing regulation is not over. I will be re-applying for a second term and hope to be re-appointed. I won't know if I will be continuing on the NSBN until the Governor announces his appointments in October, so this may be my farewell to you all. I have much more to share and the energy to do so. And, unfortunately, the answer to this unknown can't be found in the Nurse Practice Act. Only time will tell. But whatever is decided about my serving another term, being the administrator of the Orvis Nursing Clinic, serving on the Nevada State Board of Nursing, and serving as the Director at Large for the National Council of State Boards of Nursing have made this the best year of my 38-year nursing career.

# Nevada State Board of NURSING NEWS



## Magazine Schedule

### ADVERTISING (COPY) DEADLINES

PUBLISHING DATE	AD DEADLINE
November 25 .....	November 1
February 25 .....	February 1
May 25 .....	May 1
August 25 .....	August 1



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EOE

# Words from the Executive Director

Our fiscal year has come to an end as of June 30, 2008. . .and I would like to take this opportunity to thank many, if not all, of you for your commitment and investment in helping the Nevada State Board of Nursing fulfill our mission of protecting the health, safety and welfare of the citizens of Nevada. Each of you have contributed to our being able work every day as patient advocates.

You submit a fee on initial application of \$100 and another \$100 every two years to maintain active licensure in Nevada as a licensed professional nurse, a licensed practical nurse, or \$50 for certification as a certified nursing assistant. Recognition as an advanced practitioner of nursing or certified registered nurse anesthetist costs you another \$200 on initial application and \$200 every two years for renewal of your certificate. The sum of the fees we collect from you and from others who utilize our services make up the lion's share of our annual budget. The NSBN approves an annual budget and we are bound to stay within that budget. Again, this year we have been able to meet the revenue forecast for fiscal year 2007-2008, and have kept our expenses within budgetary limits.

So, these words are dedicated to all who have been partners in our endeavors this year, for your financial investment, but mostly for your investment of time, knowledge, wisdom, and emotional resources.

First, I thank the seven members of the NSBN for your support and integrity in the many decisions you have made. Some of you will be leaving us this year, which saddens me. I will miss each of you and hope that your experience on the Board has been as rewarding as having you as part of the Board has been for me. The three newer Board members have begun to experience the challenges and opportunities that are the foundation working with the Board. I appreciate their new perspectives as I appreci-



ate the more seasoned Board members' wisdom and historical knowledge gained from the numerous and varied meetings and interactions we have had during your time with us. Thank you.

Secondly, I thank the NSBN staff who come to work everyday with the energy and enthusiasm needed to do this important work. I appreciate your hard work and commitment to our mission and to always doing the right thing.

Additionally, I thank all of you who have given of your time, your knowledge, and your resources to serve on the various advisory committees for the Board. I appreciate those of you who have applied, but have not yet been appointed. Your continued interest shows the dedication that nurses and certified nursing assistants have in contributing to the work of the Board.

Thank you to those of you who have identified potential misconduct in your colleagues and have had enough courage and commitment to patient safety to report those incidents for further investigation by the Board. Thank you for being knowledgeable of your responsibility to report and your follow through on your concerns. Thank you for trusting

your regulatory board to do an objective, unbiased investigation of the incident and to provide due process to the nurse in question. Thank you for your feedback on how we may improve this important aspect of our work.

Thank you to those of you who have had complaints filed against your practice, for working with our investigators in gathering information to discern the facts of the incident, and in trusting us to resolve the case always remembering our mission for patient safety. I join you in your feelings of how difficult it is to have a pending investigation and also in the joy you feel when the case is closed.

Thank you to those of you who have invited me and my staff into your facilities, nursing programs, organizations, or associations to share information about our work at the Board and the Nurse Practice Act. It is our pleasure to give you tools to improve your awareness of the regulatory issues surrounding our profession. In educating you, our job becomes easier in that you become the emissaries of the law.

Thank you to the many stakeholders we work with on a daily basis. Seeking to provide a regulatory environment based on integrity, fairness, and transparency keeps us cognizant of the value of individual nurses, our profession, and the community we serve. We are daily reminded that nursing is a balance of art and science that impacts all who share in our experiences.

Thank you for allowing me to know and work closely with you all. Let's continue to appreciate ourselves and each other for our similarities, our differences, and our common goals.

Sincerely,

Debra Scott, MSN, RN, APN, FRE  
Executive Director

# Annual Statistics of CE Audit

In June 2007, the Board's executive director reported in this publication that there was a disturbing trend being observed regarding violations of continuing education audits. One year later, the Board is able to provide actual statistics, and echo Debra Scott's previous statement. "Signing an official document and swearing that renewal requirements have been met while knowing that is not true is an intentional violation of the Nurse Practice Act—the law. What does this say about a nurse's practice? Can we assume a nurse lacks accountability for her practice when she swears to an untruth on her renewal application?"

As nurses, can we applaud the 64% of us who successfully completed our audit when 20% of our profession is in violation? The numbers for CNAs are even more dismal with 40% of those audited violating the law. Licensure and certification is a privilege that is granted upon successful completion of requirements outlined in the Nurse Practice Act. Whether you personally agree or disagree with continuing education as a reliable competency requirement to renew your license or certificate, you knew there were laws that governed your practice when you entered nursing and you agreed to abide by those laws upon receiving licensure or certification.

## Renewal Requirements You May Be Audited For:

### Licensed Nurses (RN/LPN):

- A one-time state mandated 4 hour continuing education bioterrorism course (keep your certificate indefinitely)
- A total of 30 hours of nursing related continuing education

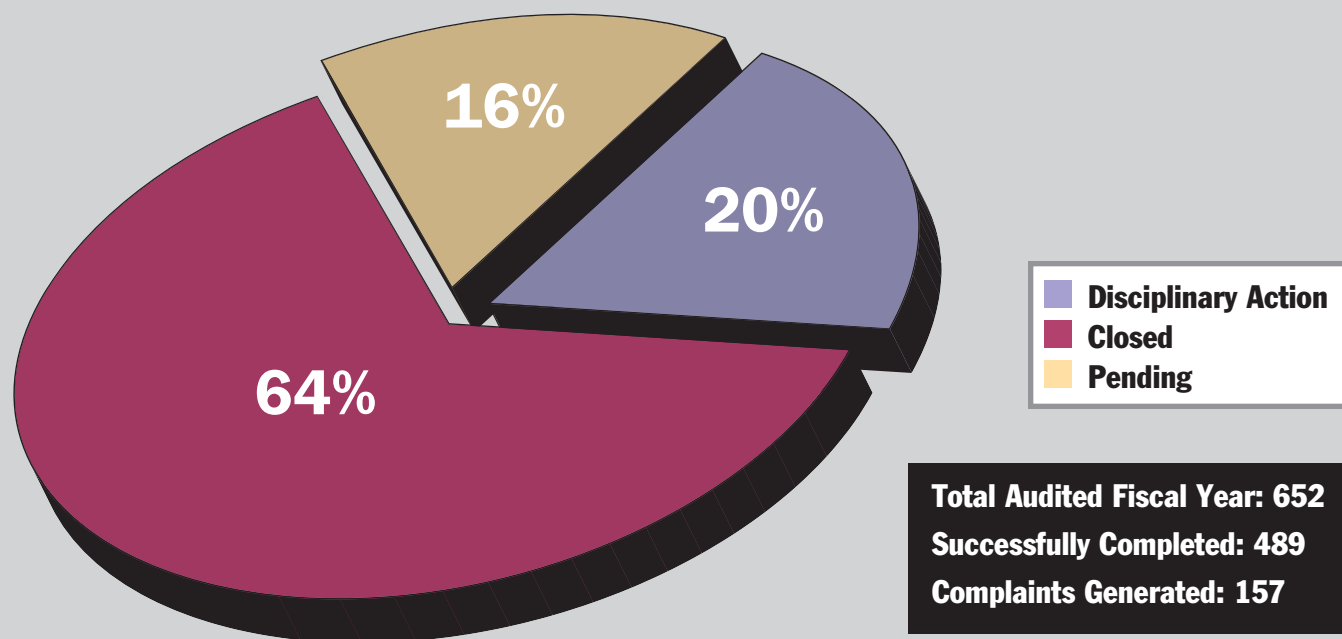
in the previous 24 months (keep CE certificates for 4 years from the date of completion).

- Practice as a licensed nurse within the past 5 years.

### Advanced Practitioners of Nursing (APN):

- A one-time state mandated 4 continuing education bioterrorism course (keep your certificate indefinitely)
- A total of 45 hours of nursing-related continuing education

## Nurse — 157 CE Audit Complaint Outcomes July 1, 2007 Through June 20, 2008



# Outcomes

in the previous 24 months—30 hours to renew the RN license and 15 additional hours in the APN specialty area (keep CE certificates for 4 years from date of completion).

- At least 800 hours of APN practice in the last five years.
- Your collaborative agreement must be current. If you have changed physicians since the last renewal, you must submit a copy of your new collaborative agreement.

## Certified Nursing Assistants (CNA):

- A total of 24 continuing education hours within the scope of practice of a CNA in the previous 24 months (keep CE certificates for 4 years from the date of completion).
- As of April 17, 2008, 40 hours of employment as a nursing assistant under the direct supervision of a licensed registered nurse or licensed practical nurse during the two years immediately preceding the date of the renewal of the certificate.
- If you are audited for a time period prior to April 17, 2008, you will be required to submit proof of 400 hours of employment as a CNA under the direct supervision of a licensed registered nurse or licensed practical nurse during the two years immediately preceding the date of the renewal period being audited.

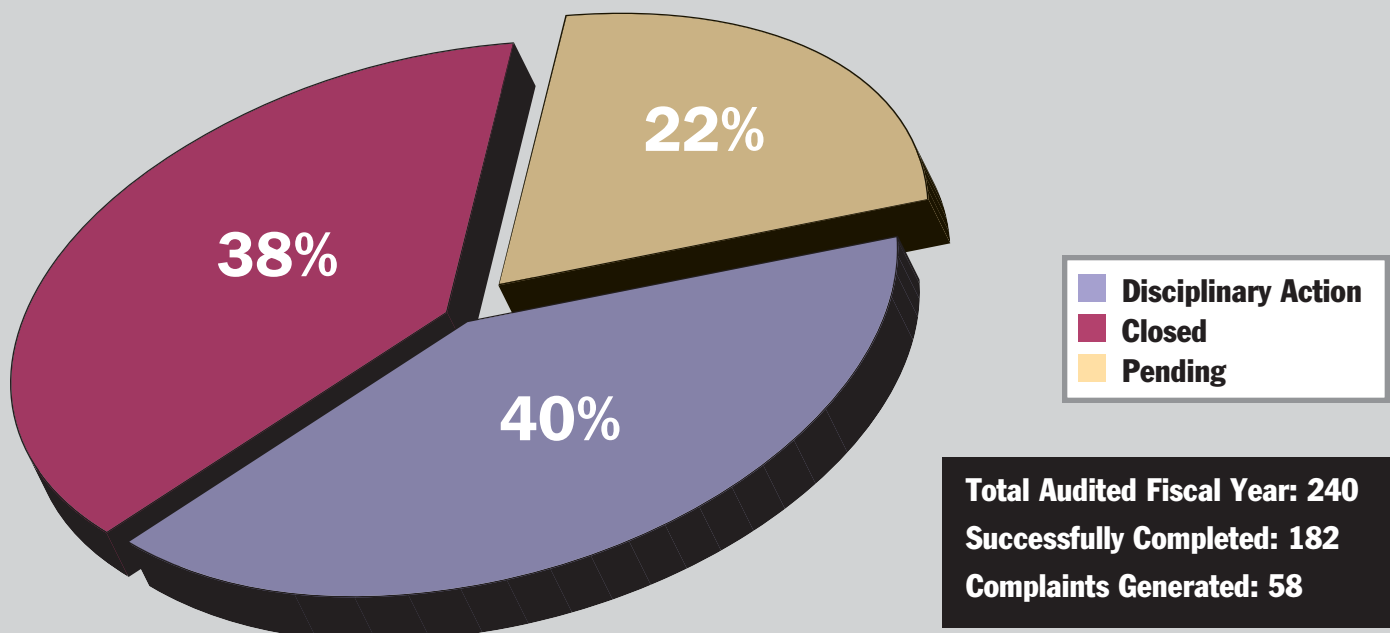


## Providers of Continuing Education:

- Nevada employers who have a continuing education provider number issued by the Board of Nursing must keep a record of all continuing education courses offered and a list of attendees for 4 years and provide the information upon request.
- Continuing education providers are subject to audit by the Board.
- The requirements of an approved continuing education provider are listed on the Board's website.

In comparison to many violations of law that come before the Board of Nursing, violations concerning a CE audit is not among the most egregious acts. However, it wounds all of us in the profession when the most basic values of integrity, honesty and accountability are called into question. Visit the Board's website for more information regarding continuing education, or call Board staff with any questions.

## CNA — 58 CE Audit Complaint Outcomes July 1, 2007 Through June 20, 2008



## BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public; agendas are posted on the Board's web site and at community sites.

## BOARD MEETING DATES

**September 17-19, 2008 - Las Vegas**

**November 19-21, 2008 - Reno**

**January 14-16, 2009 - Las Vegas**

## ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to five standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's website and at community sites. If you are interested in applying for appointment to fill an upcoming opening, please visit the Board's website or call the Reno office for an application.

## MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via videoconference in Reno and Las Vegas.

### Advanced Practice Advisory Committee (none)

November 4, 2008

### CNA Advisory Committee (two)

November 4, 2008

### Disability Advisory Committee (none)

October 24, 2008 - Reno

### Education Advisory Committee (two)

October 27, 2008

### Nursing Practice Advisory Committee (two)

October 24, 2008

December 9, 2008

## YOU'RE IN GOOD COMPANY

*Active Nevada  
licenses/certificates  
on July 30, 2008*

**RN • 25,021**  
**LPN • 3,163**  
**CNA • 6,334**

## DO YOU HAVE A QUESTION?

If you have questions regarding nursing practice, the first place to look is inside your Nurse Practice Act. If after reading it, you still have questions, call the Board. If it is an issue that needs further definition, you may request the Board issue a practice decision. The Board will then ask its Nursing Advisory Practice Committee to research the issue and make a recommendation.

## FOR MORE ANSWERS—GET INTO THE ACT

The Nevada Nurse Practice Act is a 5-1/2" by 8-1/2" booklet. It's just \$5 if you buy it at the Reno or Las Vegas office, and \$8 by mail (make check or money order payable to the Nevada State Board of Nursing).

## THE ACT IS ON THE WEB

The Board's website [www.nursingboard.state.nv.us](http://www.nursingboard.state.nv.us) has a link to the state laws (NRS), regulations (NAC), and practice decisions which make up the Nurse Practice Act. It also contains a separate section on practice information, including guidelines for determining scope of practice.

## LEARN ABOUT THE ACT AND EARN TWO CEs

Take the Nurse Practice Act (Nevada) continuing education course at [www.learningext.com](http://www.learningext.com). For only \$12, you will learn about the role of the Board and your legal responsibilities as a nurse or CNA, and earn two contact hours of continuing education.

## BOARD TALK

### COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens the first day of the meeting by inviting Public Comment. Time is divided equally among those who wish to speak. For more detailed information regarding the Public Comment period, please call the Board.

### WE'LL COME TALK TO YOU

Board staff will come speak to your organization on a range of nursing-related topics, including delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.

## Nevada Business Journal and Anthem Blue Cross and Blue Shield recognizes NSBN President, Helen Vos, Healthcare Hero, Administrator, Southern Nevada, for 2008

Each year twenty individuals are honored from across Nevada. The individuals are first nominated by their peers throughout the state and then selected by a panel of judges who are knowledgeable in the healthcare field. In addition to sponsoring this recognition program, Healthcare Heroes has a charitable goal. All proceeds from the Healthcare Heroes events are donated to nursing education programs in Nevada in the form of scholarships.

Board President, Helen Vos has been honored as one of the 2008 Healthcare Heroes. She has many noteworthy



**Healthcare Hero and Board President Helen Vos, MS, RN**

accomplishments during her nursing career, including co-authoring the book entitled, "Neuroscience Critical Care: Pathophysiology and Patient Management." She is extremely proud of her contribution through this reference book that was published in 1990.

In the future, President Vos has the goal of leading MountainView Hospital toward becoming a nurse magnet facility as recognized by the American Nurses Credentialing Center. No Nevada hospitals currently have this designation.

She is quoted, "I believe that every

nurse or other patient care provider is a hero to the patients they care for. Each and every day heroic moments are experienced by patients in every hospital. I get to see the evidence of these moments every day in the letters we get from patients thanking particular nurses or other staff members for big and small efforts. Sometimes it is the smallest seemingly simple gestures that mean the most to an ill person or their family members. My commitment is to see that these thank yous get shared with the staff."

The Nevada State Board of Nursing honors Helen Vos for her service and contribution to the community and the nurses of Nevada. Congratulations, Helen.

*Vos works at MountainView Hospital as the chief nursing officer.*

## National Council of State Boards of Nursing (NCSBN) inducted its second group of Fellows of the NCSBN Regulatory Excellence Institute on Aug. 6, 2008, during the NCSBN Annual Meeting and Delegate Assembly held in Nashville, Tennessee

The Institute of Regulatory Excellence (IRE) began in 2004 with the purpose of providing boards of nursing with high quality regulatory education, expanding the body of knowledge related to regulation through research and scholarly work, developing the capacity of regulators to become expert leaders, and developing a network of regulators who collaborate to improve regulatory practices and outcomes. The IRE is a series of educational conferences held annually with the following topics rotated on a four-year cycle: Public Protection/Role Development of Nursing Regulators, Discipline, Competency and Evaluation/Remediation Strategies, and Organizational Structure/Behavior.

The IRE Fellowship Program is a four-year comprehensive educational and professional development program designed for current or former regulators who want to enhance their knowledge of and leadership in nursing regulation. The program includes experiences in analyzing issues involving public policy and regulation, strategic planning, patient safety and communication. It also requires the application of evidence-based concepts in decision-making and leadership.

Individuals who complete the Fellowship Program requirements are called a Fellow of the NCSBN Regulatory Excellence Institute (FRE) and are entitled to use the initials

FRE after their names in recognition of their accomplishment.

*The 2008 class of fellows are:*

Kathy D. Chastain, MN, RN, FRE, practice consultant, North Carolina Board of Nursing (not pictured)

Debra Scott, MSN, RN, APN, FRE, executive director, Nevada State Board of Nursing

Mary Kay Habgood, PhD, MSN, RN, FRE, board member, Florida Board of Nursing (not pictured)

Emmaline T. Woodson, MS, RN, FRE, deputy director, Maryland Board of Nursing

Anthony R. Jusevitch, BA, FRE, program operations administrator, Florida Board of Nursing

Linda Young, MS, RN, FRE, nursing practice specialist, South Dakota Board of Nursing



**Other IRE inductees and Faith Fields, President of the NCSBN. (From left, D. Scott, A. Jusevitch, F. Fields, L. Young, E. Woodson)**

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia and four U.S. territories.

**Mission:** The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

# The Board will have the hearing without you. . .

## OR

# Keep your address current with the Board to protect your rights.

*by Fred Olmstead, General Counsel, Nevada State Board of Nursing*

AT EVERY BOARD MEETING nurses fail to appear at the scheduled disciplinary hearings. After Board staff sends a written Complaint and Notice of Hearing, and the Board counsel has prepared for a hearing to prove the allegations of the Complaint, the nurse does not attend the hearing to tell her side of the story. In these circumstances, the Board is left with virtually no choice but to take the allegations of the Complaint and Notice of Hearing to be true and hear the case without the participation of the nurse. If the allegations of the Complaint (taken as true) are a violation of the Nevada Nurse Practice Act (and they usually are), then the Board imposes the appropriate discipline. All of this occurs without the participation of the nurse because the nurse failed to appear to protect her rights.

Is this procedure overly harsh or unfair? Absolutely not. Any other procedure would not be protecting the public. For example, if a nurse could prevent the Board from hearing her disciplinary case merely by failing to appear, then every nurse who knew they were guilty of misconduct would probably choose not to appear so that she could avoid discipline. Clearly, the Board must hear the case, even though the nurse fails to appear. The Board must impose discipline and report that discipline to a national data bank so every other state board of nursing can learn of the nurse's behavior. Only in this way, can the Nevada State Board of Nursing protect the public of the United States from a nurse who is found guilty of violating nursing law. This is how the



NSBN protects the public outside of our state if a nurse has a variety of licenses in different states.

Nevada Administrative Code 632.923 allows the Board to proceed with the hearing and to take the allegations of the complaint to be true if a nurse fails to appear after the Board has provided proper notice to the nurse. The law requires Board staff to provide for due process before the Board can hear a disciplinary matter without the nurse present. That due process includes that Board staff properly provide "notice" to the nurse. But, what is this notice and what is required?

Nevada Revised Statute 632.350 provides that written notice of the Complaint and Notice of Hearing may be served by personal delivery (very, very rare) or by mailing it by certified mail to the nurse's last known residential address. Is that it? To notify a nurse that a disciplinary hearing will be taking place, all the Board staff has to do is to mail a copy of the Complaint and Notice of Hearing to the nurse's last known residential address? Yes, that is what the law requires.

Consider this carefully—any other procedure would not protect the public because any other procedure would allow a nurse to avoid discipline by avoiding the notice of the hearing.

Where does Board staff get a nurse's "last known residential address"? Why, that is the address each nurse gives the Board upon initial licensure, on all renewals and whenever a nurse moves her residence. (See NAC 632.205, which requires a nurse to file her current address with the Board.)

Now we are getting to the unfortunate aspect of the procedure that allows the Board to take the allegations of the Complaint to be true and proceed with the hearing when a nurse fails to appear. One of the reasons nurses fail to appear for the Board hearing is because they fail to keep their address current with the Board, and so, the nurse never receives the legal notice to appear before the Board.

Consider these facts:

Herman, RN, has a drug problem. He has been successfully stealing minor amounts of drugs from his employers for a while. He has discovered that if he takes assignments as a traveling nurse, he can travel to a new state, learn the pyxis machine passwords of his co-workers, steal some drugs and then be gone to a new assignment before he is caught. Herman has learned that facilities rarely report traveling nurses. Rather, the facilities merely tell the staffing agency not to send him back to their facility. True, the patients are hurt because Herman signs out the drugs of the pyxis machine under his and others' passwords and marks the drugs down as given to the patient. . .but the drugs are never given to the patient. Herman either uses them at work or takes them home to maintain his habit. His addiction and consequent denial allows him to discount the patients' pain and continue to divert their medications.

However, while on assignment in Nevada, RN Herman's actions are discovered by a vigilant nursing supervisor. Herman is terminated and is reported to the Nevada State Board of Nursing. During the investigation, Board staff review the pyxis reports, the Medication Administration Record, and the Nurses' Notes that clearly

show that Herman has been diverting drugs and falsifying medical records. He knows what the evidence will show and chooses to ignore all legal notices sent by the NSBN staff telling him to appear before the Nevada State Board of Nursing. Herman ignores all notices from Board staff because he is now in Montana and he never wants to go back to Nevada, anyway.

Another similar case:

Molly RN who has always been a “good nurse” was also a traveler. She made a small mistake involving trust. Molly didn’t notice when another nurse watched and learned her pyxis password. The untrustworthy “bad nurse” removed drugs from the pyxis machine under Molly’s password and, in an attempt to cover her tracks, falsified some of Molly’s patient charts. Molly had no knowledge of the “bad nurse’s” actions and so, after her assignment was over, Molly left to return to her home state. During her assignment, Molly had had no problems and had enjoyed her assignment in Nevada.

Pharmacy and administration eventually discovered the medication irregularities and a complaint was forwarded to the NSBN regarding Molly’s alleged narcotic discrepancies, drug diversion, and falsification of medical records. No one, not even Molly, had been aware that someone else had used her password to remove the drugs. NSBN staff conducted an investigation and obtained the pyxis reports, Medication Administration Record, and Nurses’ Notes. On paper, it appeared that Molly diverted drugs and falsified records. Board staff informed Molly RN of the investigation, by certified letter, to her address of record. However, Molly had since moved back to her home state after her assignment in Nevada and had failed to inform the NSBN staff of her new address. So, all of the notices sent to her were returned to the Board office.

At this point, as far as Board staff is concerned, what is the difference between Herman RN who diverted drugs and fled the state and Molly RN who was the victim of password theft, did nothing wrong, and who didn’t respond to the Board because her address had changed? There is no difference between these two nurses. If neither nurse appears at their scheduled hearing, they will probably receive the

same discipline based on the similarity of their actions.

How can this be? The answer has to do with KNOWLEDGE. As far as Herman’s story is concerned, all the Board knows is that he diverted drugs and falsified records. Imposing the appropriate discipline and then informing the national disciplinary database and/or the states where he holds a license will protect the public and hopefully keep him from practicing nursing, stealing drugs and harming patients again. The Board’s actions would be based on the KNOWLEDGE received from the pyxis reports, the MARs and Nurses’ Notes. The Board’s actions would also be based on the KNOWLEDGE that Herman did not appear at the hearing and therefore, he did not give any other explanation for the

obvious conclusion that he diverted and falsified records. Nobody would argue with these conclusions or that this line of thinking is improper.

It is the same for Molly RN. The Board would have the KNOWLEDGE received from the pyxis reports, the MARs and Nurses’ Notes. The Board’s actions would also be based on the KNOWLEDGE that Molly

did not appear at the hearing and therefore, she did not give any other explanation for the obvious conclusion she diverted and falsified records.

This result seems unfair because, in this hypothetical example, we KNOW that Molly did not divert or falsify. But, who else knew these facts? Nobody. Nobody else knew these facts because Molly did not keep her address current with the Board, and she was therefore unable to protect her rights—to tell her side of the story.

If you are reading this article, then we are preaching to the choir, so to speak, because you probably received this issue of the NSBN News magazine at your address on record with the Board. Still, we must all learn that forfeiting our rights by, for example, failing to maintain a current address, could result in the Board taking legal action against our license. Fair? It may not seem fair, but each of us has a responsibility to keep our address of record current with the NSBN. Make sure you don’t forfeit your rights by being negligent in maintaining your current address with the Board.



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**Nurses:** the Board is also auditing for compliance with the one-time renewal requirement for a four-hour bioterrorism course. You must keep a copy of your bioterrorism certificate of completion indefinitely.

# How Can You Bear to Be a Nurse?

by Mary Mallison, 1987, AJN

## **How can you be a nurse? How can you bear the sight of blood?**

Wait until you slide a catheter into a tiny vein just before it collapses. The flashback of blood you see will make you sing.

## **How can you be a nurse? How can you bear the sight, the embarrassment, of urine?**

Wait until your new postpartum patient can't void, and her uterus is rising. Your persistent maneuvers finally work, making a catheter unnecessary. Urine then looks glorious.

## **How can you be a nurse? How can you bear to touch that alcoholic who hasn't had a bath in weeks?**

Wait until you've repeatedly given ice lavages to that alcoholic and his esophageal varices have finally stopped bleeding. When he actually recovers enough to amble onto your unit to visit, dirt and all, you'll be happy enough to hug him.

## **How can you be a nurse? How can you bear to watch someone die?**

Wait until you've worked for weeks helping a dying woman repair a decades-old conflict with her children, and at some point along the way you see the guilt fall from their shoulders and peace enter her eyes. Watching such a death can be an exaltation.

## **How can you be a nurse? How can you bear the sight and smell of feces?**

Wait until you've been anxious about the diarrhea that nothing has stopped in an AIDS patient. Finally, your strategies work and you see and smell normal stool. You'll welcome that smell.

## **How can you be a nurse? How can you bear to watch children suffer?**

Wait until you've rocked and soothed a suffering child into peaceful sleep, and you feel the child's relief washing over you like a blessing. Then you won't need to ask.

## **How can you be a nurse? How can you bear to look at searing trauma, at burned people?**

Wait until you see healthy granulation tissue that has been given a chance because your sensitive nose detected an infection before it could take hold. That healing will look beautiful to you.

## **How can you be a nurse? How can you bear the stream of abusive words heaped on you by psychotic patients?**



Wait until you've prodded and pulled a silent, withdrawn catatonic back over the lifeline, and she releases a string of expletives. Could Mozart sound better?

## **How can you be a nurse? How can you bear the sound of babies crying?**

Wait until your combination of vigilance, bulldog advocacy, and gentle handling has given a preemie's lungs the time they needed to develop, and you hear his first lusty cry. You'll laugh out loud!

## **How can you be a nurse? How can you bear to care for frustrating, confused Alzheimer's patients?**

Wait until you've devised a combination of strategies that provide exercise and permit safe wandering and you see a lift, almost a spring, in a patient's shuffling gait. You'll feel the lightness of Baryshnikov in your own step that day.

## **How can you be a nurse? So many of your patients are so old, so sick, these days. How can you bear the thought that, in the end, your care may make no difference?**

Wait until you've used your hands and eyes and voice to dispel terror, to show a helpless person that his life is respected, that he has dignity. Your caring helps him care about himself. His helplessness forces you to think about the brevity of your own life. Then and there, you decide yet again to reject the pallid pastel life. No tepid sail across a protected cove for you. No easy answers. So you keep choosing to be a nurse. You have days of frustration, nights of despair, terrible angers. Your highs and lows are peaks and chasms, not hills and valleys. The defeats come more than often enough to keep you humble: the problems you can't untangle, the lives that seep away too fast, the meanings that elude your understanding. But you keep working at it, learning from it, knowing the next peak lies ahead. And gradually you realize your palette is filling up with colors. You see more shades of meaning. You laugh more. You realize you are well on your way to creating a work of art, maybe even a masterpiece.

So that's why you've remained a nurse. To your surprise, your greatest work of art is turning out to be your own life.

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## Generic BSN

The BSN program builds upon students' knowledge in the sciences, humanities, and liberal arts to become generalists in clinical nursing practice. Educational experiences are designed to promote scientific inquiry, creative thinking, and personal development.

Students obtain a solid foundation of nursing knowledge through a combination of didactic, laboratory, and clinical setting instruction. This provides the basis for graduate education at the Master's and Doctoral levels. Students completing full-time study over 16 months are eligible to sit for the National Council License Examination-Registered Nurse (NCLEX-RN).

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# CASE STUDIES ON VIOLATIONS OF THE NEVADA NURSE PRACTICE ACT

■ *by Chris Sansom, RN, BSN, Director of Operations*

Accurate nursing documentation in whatever form is utilized in the facility or agency you work in is not only necessary, it is mandated in the Nevada Nurse Practice Act. NAC (Nevada Administrative Code) 632.256, 632.214, 632.216, 632.232, and 632.736 address documentation responsibilities of nurses.



Nursing documentation not only helps to ensure continuity of care, to develop a plan of care, evaluate outcomes, and coordinate the entire healthcare team, it is also critical in providing a defensible record of the nurse's or nursing assistant's actions and interventions. Nursing documentation provides a record that the nurse's or nursing assistant's practice was consistent with customary standards of practice and was legal and ethical.

The following case studies were drawn from the actual records of the Nevada State Board of Nursing. The names have been changed and details condensed.

## **Fraudulent documentation: A case study**

Lindsey was a registered nurse on a medical/surgical unit in an acute care facility. She was assigned and provided care to April, a young woman who was acutely ill, had a minor surgical procedure and was receiving IV antibiotic therapy. April asked questions regarding her surgical

wound, her medications and the nurse's assessment stating she wanted to be sure the record was accurate for her treating practitioner. Lindsey assured April that she had completed a full assessment and that she was doing well and everything was documented in the medical record. April was allowed to view the nursing flow sheets and saw that all fields were documented on the nursing assessment form.

## What went wrong?

What Lindsey did not know was that April was a registered nurse. April was acutely aware that Lindsey had not completed any assessment of her surgical wound dressings, vital signs, listened to her lung or bowel sounds, or checked her drainage tube at any time during the shift. April tried to give Lindsey the benefit of the doubt by asking her about the documentation, hoping Lindsey would realize her omission and actually perform an assessment. Lindsey allowed the fraudulent documentation in the medical record to stand.

## Conclusion:

Lindsey was notified by the Board of Nursing of a complaint that had been received and initially, she denied the allegations, stating she had performed a complete assessment and the patient was wrong. When Lindsey was advised that the patient was a registered nurse she acknowledged she had falsified the medical record because she was overloaded that day and needed to cut corners.

Lindsey signed an Agreement for Reprimand, which included classes on documentation, legal ethics, and the Nurse Practice Act.

## Violations of the Nurse Practice Act:

NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying.

## Documentation Vindicates Nurses: A case study

A complaint was received by the Board alleging the nursing staff at an acute care facility were negligent, failed to safeguard the patient, and as a result, caused harm. The complaint was submitted by the family of the patient, with documented times, incidents and names. The Board conducted an investigation of the nursing staff that provided care for the patient during the hospital stay.

The family alleged nursing staff failed to ensure the patient's positioning was maintained as ordered, and by not placing the patient in the proper position, the patient had more pain and prolonged recovery.

## What went wrong?

The documentation in the nursing notes and flow

sheets was impeccable in this case. There was entry after entry of nursing intervention being done with the patient regarding proper positioning and not getting out of bed. Several entries on the nursing notes indicated the patient was found by nursing to be in the bathroom or sitting up in a chair. Restraints were not ordered, and the patient was fully alert and oriented.

Nursing documentation provided evidence that the nursing care in this case met standards, was not negligent, and that appropriate nursing intervention occurred to safeguard the patient. Perhaps the nursing staff could have increased the communication with the patient and/or family.

## Conclusion:

To say, "nothing went wrong" would be trite and would discount the consumer's perception of the nursing care provided. If a patient and/or the family perceive that nursing functions are not being performed as ordered or they are not consistent with their understanding of customary standards, then at the least, there is a communication breach.

It was well documented that the patient was counseled and advised of his limitations on numerous occasions, but was the same counseling and advising done with the family? It is difficult for a family member to believe that the family member who is the patient would intentionally place himself in jeopardy, yet nursing staff may see this on a daily basis. If a patient and/or the family submits a complaint about the nursing care provided, then we as professionals objectively review the evidence to determine if we might have done something different, or if in the future a different approach would turn the negative into a positive.

## Violations of the Nurse Practice Act:

None

## In Summary

The Board processes and resolves complaints against nurses and nursing assistants with an objective, nonbiased approach. What weighs heaviest in its decisions to discipline an individual is how to intervene to protect the public. As described in these case studies, the Board's interventions are intended to fulfill its primary mission – to protect the public's health, safety and welfare through effective regulation of nursing.

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## Haven't Practiced For Five Years?

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# Meet the Staff *Amy Clark*

## Amy Clark

Based in the Reno office, Amy Clark is the Board's newest employee. Amy began work as a nurse investigator in July, 2008.

Clark graduated from McQueen High School in Reno and spent nine years in law enforcement before returning to school to obtain her nursing degree. She graduated, with honors, from the University of Nevada, Reno's Orvis School of Nursing in 2005.

Clark has been employed most recently as an emergency room nurse at Saint Mary's Regional Medical Center and Northern Nevada Medical Center.

What Clark likes best about working for the Board is the dedication of the



**Amy Clark**

staff to assist both the public and the nurses. Everyone at the Board offices takes the time to answer every question and thoroughly investigates every case

that comes across their desks.

"The Board is there to assist you in getting through the process as efficiently and smoothly as possible. There are always several people who can assist in guiding you through whatever help you need," Clark said.

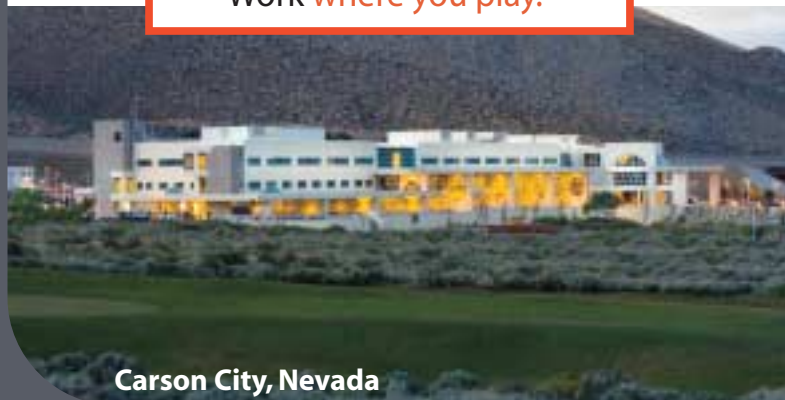
A June, 2008 newlywed, Clark has a 9-year old son who is very active in sports. Her son's sports make up a "huge" portion of her extra-curricular activities. "We just entered football season again and when I am not running him to practice or games or trying to catch up on housework, I try to fit in some scrapbooking on the side."

Amy can be reached in the Reno Board office at (888) 590-6726. Welcome aboard, Amy.

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# What We Need to Consider in Planning a Redesign of Nursing Education

Roseann Colosimo, PhD, MSN, RN  
Education Consultant for the Nevada State Board of Nursing

**“If you want to go quickly, go alone.  
If you want to go far, go together.”**

**— African proverb**

THE NURSING WORLD is buzzing on the precipice of taking the leap forward for real change especially in clinical nursing education. The dramatic changes being proposed are the results of years of hard work, demonstrating

that nursing education, practice and regulation are able to collaborate for the benefit of patient care and the future of the nursing profession. The state of Oregon has identified that the whole nursing community has a stake

in the education of the next generation of nurses. Nevada nurses are starting to collaborate in a variety of meetings and venues, which shows the excellence of our nursing leaders.

The global nursing shortage and the impending retirement of many U.S. nursing faculty creates pressure for change. Dangerous paradoxes lurk on the horizon of the challenges in reducing the nursing shortage quickly with the opening of many new nursing programs even though clinical placements for the students are increasingly overcrowded and unavailable. With limited clinical placements, how do we prepare the next generation of safe competent nurses? Many feel that nursing education currently has more observational experiences that do not provide the deeper understanding necessary to develop sound clinical judgment.

Many of us received our clinical education during multiple experiences every week on the same unit. This allowed us to develop a depth of understanding of symptoms and the disease process and an opportunity to apply the nursing process. Today, it is not uncommon for a student nurse to prepare the plan of care for a patient the night before the scheduled clinical experience, only to have the patient discharged and a new patient assigned for the **one** clinical experience that week. This makes it difficult for the student to understand the disease process with the depth necessary to observe the sub-



tle changes required to make sound clinical nursing judgments related to care.

As Nevada nurses dialogue about improving clinical education, please participate and get involved. Here are some areas likely to be discussed.

1. Nevada nursing preceptors who are doing a wonderful service educating nursing students are overburdened by the number of nursing students and new graduate nurses they are charged with supervising. Creative ideas to support these very valuable nurses are needed.
2. One possible idea to address this situation is to create a dedicated educational unit (DEU). The plan would be for some clinical units to be assigned to a single nursing program so that the preceptors and faculty are able to work closely together and senior nursing students could learn to delegate and

supervise beginning nursing students.

3. Simulation, which is very labor intensive for faculty, could provide clinical experiences for a student on how to deal with a patient who has a decline in status including how to educate the family related to the patient's needs by role playing. All this could occur in a safe, simulated learning environment. In contrast, in the past, nursing clinical education relied on the random clinical opportunity that presented itself on a given unit at a given time for learning these skills. Planning is difficult to allow for all students to have a variety of experiences. Future use of simulation could allow faculty to set criteria that every student would need to meet. The experience could be simulated so that each student would have a graded clinical simulation experience of a patient with congestive heart failure, for exam-

ple, to address the disease symptom of increased edema and allow for the student to intervene by applying nursing principles. The clinical judgment piece of nursing clinical education could be much more targeted in these experiences, providing opportunities to hone nursing skills in documentation and patient safety. Simulation could also enhance new nursing graduate orientation programs.

Our true legacy as professional nurses will be how we are able to come together as representatives of practice, education and regulation to prepare the next generation of nurses to give quality, competent, safe nursing care in an increasingly complex environment during our current and our future critical nursing shortage. The citizens of Nevada are depending upon us to work together to provide the leadership for ensuring safe competent nursing care.

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We often hear this lament from people whose applications have been returned to them because they didn't think the child support section applied to them.

But we don't have a choice. It's federal law that requires applicants to complete the child support section, even if they don't have children.

Your application will not be processed if you do not answer both questions in the child support section of the application.

## BOARD MEMBERS

The Nevada State Board of Nursing is a seven-member board appointed by the governor of Nevada consisting of four registered nurses, one licensed practical nurse, one certified nursing assistant, and one consumer member.

If you wish to contact a Board member, please write c/o Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547; call 1-888-590-6726; or email [nursingboard@nsbn.state.nv.us](mailto:nursingboard@nsbn.state.nv.us)



**Helen Vos, MS, RN**  
*President, RN Member*  
*Term expires 10/31/2008*



**Doreen Begley, MS, RN**  
*Vice President, RN Member*  
*Term expires 10/31/2008*



**Betty Carlgren, LPN**  
*Secretary, LPN Member*  
*Term expires 10/31/2009*



**Belen Gabato, MS, RN**  
*RN Member*  
*Term expires 10/31/2011*



**Sandra Halley**  
*Consumer Member*  
*Term expires 10/31/2009*



**Mary Ann Lambert, MSN, RN**  
*RN Member*  
*Term expires 10/31/2008*



**Carrie McMurray, CNA**  
*CNA Member*  
*Term expires 10/31/2011*

## BOARD AUTHORITY

**The Board has authority only over its licensees and certificate holders and not over the facilities in which these individuals practice. The Board enforces the Nurse Practice Act (the law regulating nursing practice), with funding for all of its activities coming solely from the fees paid to the Board by licensees and certificate holders. The Board does not have authority to take action on issues that are of an employment nature, or those that relate to the nursing profession as a whole. These matters are best dealt with by the state labor commissioner, nursing associations, labor unions, or other similar entities.**



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## **Mailing List Reminder**

*You can request  
to be removed*

The Board sells its mailing lists to various organizations, based on their applications. Examples include the Nevada Nurses Association, which mails its newsletter *RNformation* to all actively licensed Nevada nurses; continuing education providers; uniform companies; and researchers. If you wish to remove your address from the Board's mailing list, you may do so by making a request in writing.

Just send an email to the Board, or mail a signed letter to the Las Vegas office. Please include your full name, address, and license or certificate number. If you choose to remove your address, you will still receive official Board communications such as this magazine, the *NSBN News*, but you will not receive the material sent by the organizations that purchase the Board's mailing list.

## **MOVING?**

Now you can  
change your  
address on line!

**The law requires you to  
inform the Board when  
you change addresses**

You're required by law to inform the Board, in writing, of any address change, including a zip code change. The easiest and fastest way for you to make your address change is to go to the Board's website and click on the Address Change link. You may also send an email to [nursingboard@nsbn.state.nv.us](mailto:nursingboard@nsbn.state.nv.us), call the Board and request an address change form, or mail a signed letter to the Las Vegas office. Remember to include your name, license or certificate type and number, former address, current address, social security number, and date of birth.

### **CHANGE OF ADDRESS FORM**

▲ NAME (LAST, FIRST, MIDDLE) ▲

▲ TYPE OF LICENSE ▲

▲ LICENSE NUMBER ▲

▲ DATE OF BIRTH ▲

▲ FORMER ADDRESS ▲

▲ CITY, STATE, ZIP CODE ▲

▲ CURRENT ADDRESS ▲

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# Disciplinary and Licensure/Certification

## *Actions taken by the Nevada State Board of Nursing for the period of March 15, 2008 through July 18, 2008*

*Please note some disciplinary orders by the Board may not be effective yet due to legal notice requirements.*

*Please call the Board office to obtain further information regarding the effective dates of these outcomes.*

**Adams, Richard, CNA014461:** Agreement for Reprimand, Fine of \$50, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Ager, Janet, RN11024:** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (22) patient abandonment

**Alcalde, Isabel, CNA013064:** Agreement for Reprimand, Fine of \$50, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Andaya, Ymelda, RN43914:** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as condition of employment.

**Andrews, Tina, RN34108:** Agreement for Reprimand, Fine of \$200, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Arlie, Jonathan, RN30882, APN000589:** Agreement for Reprimand, Fine of \$200, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

***Please do not use this list of disciplinary actions for verifying licensure or certification status.***

**Other action may have taken place between the time the discipline was imposed and the time of publication. To verify licensure or certification status, please visit our website or call the Board.**

**Ashworth, Geraldine, RN32335:** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

**Austin, Latoya, LPN applicant:** Denied for violation of NRS 632.320 (1) fraudulent application.

**Bagley, Janet, RN22629:** Agreement for Reprimand, Fine of \$200, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Banez, Emma, CNA003104:** Agreement for Reprimand, Fine of \$50, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Bates, Mary, RN52307:** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances.

**Belcher, Karen, CNA004470:** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) practicing beyond scope.

**Bell, Laci, RN34742:** Agreement for Reprimand, Fine of \$200, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Beltran, N Fidelis, RN46885:** Agreement for Reprimand, Fine of \$1500, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

**Binamira, Imelda, RN53344:** Agreement for Reprimand, Fine of \$200, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Bolognino, Michelle, RN42885:** Order of Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as condition of employment.

**Byfield, Mahogany, CNA014857:** Agreement for Reprimand, Fine of \$50, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Byfield, Mahogany, CNA014857:** Revoked for

### ABBREVIATIONS

NRS Nevada Revised Statutes  
NAC Nevada Administrative Code

violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Carlisle, Bonita, RN11471:** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) practicing beyond scope.

**Carpenter, Valerie, CNA001165:** Agreement for Reprimand, Fine of \$200, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Carroll-Jackson, Neverro, CNA001268:** Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Casazza, Susan, RN17372:** Voluntary Surrender of License in Lieu of Other Disciplinary action for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, (14) failing to comply with Board order, and NAC 632.890 (35) failing to comply.

**Chapman, Christy, RN34801:** Agreement for Reprimand, Fine of \$200, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Claus, Doreen, RN35604:** Order of Reprimand and Classes for violation of NRS 632.320 (14) failing to comply with Board order.

**Cook, Kimberly, RN57486:** Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, and NAC 632.890 (27) customary standards, and (35) failing to comply.

**Crawford, Dallas, CNA017749:** Denied for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation

**Dattalo, Joann, RN53121:** Agreement for Fine of \$100 and class for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Davis, Roseanne, RN19189:** Order of Reprimand, Fine of \$200, and Classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Dewet, Nicole, RN41905:** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (11) positive drug screen as condition of employment.

**Doolen, Jessica, RN22656, APN000824:** Agreement for Fine of \$500 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without active license/certificate.

**Eshelman, Terry, LPN09797:** Agreement for Fine of \$500 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practice without active license.

**Etzel, Cayme, RN33357:** Agreement for Reprimand and Fine of \$100 for violation of NRS 632.320 (7) unprofessional conduct, and (14) failing to comply with Board order.

**Frankhauser, Patricia, RN43878:** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

**Fulks, Kirk, RN25003:** Agreement for Reprimand, Fine of \$200, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Gaba, Charlotte, RN45620:** Agreement for Reprimand, Fine of \$200, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Gaffney, Donna, CNA020123:** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

**Galbraith, Amy, RN15661:** Agreement for Probation for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, and NAC 632.890 (27) customary standards.

**Gamberdella, Mary, RN45394:** Agreement for Reprimand, Fine of \$200, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Gilger, Jazmine, RN34787:** Agreement for Fine of \$500 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without active license/certificate.

**Griset, Chambi, CNA applicant:** Agreement for Fine of \$50 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without active certificate.

**Hayes, Sally, RN18528:** Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) controlled substances and/or alcohol.

**Hernandez, Maria, CNA017776:** Agreement for Reprimand, Fine of \$50, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Hernandez, Maria, CNA017776:** Revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Isaac, Ethel, RN33805:** Agreement for Fine of \$100, and class for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Jackson, Kinika, CNA013271:** Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

**Johnson, Joyce, CNA011281:** Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (10) positive drug screen on duty, and (27) customary standards.

**Jones, Johnetta, CNA018288:** Order of Reprimand for violation of NRS 632.320 (14) failing to comply with Board order.

**Kermani, April, RN36201, APN000807:** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

**Kirschner, Michael, CNA004532:** Revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Kolek, Helene, LPN00978:** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards.

**LaFontaine, Danielle, CNA applicant:** Denied for violation of NRS 632.320 (2) criminal convictions.

**Maher, Scherrie, RN21911:** Agreement for Reprimand, Fine of \$200, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Mahood, Mary, RN27951:** Agreement for Reprimand, Fine of \$200, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Malinas, Anne, RN49637:** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying, and (27) customary standards of practice.

**Mankey, Carole, RN13591:** Agreement for Probation for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, and NAC 632.890 (10) positive drug screen on duty.

**Maristela, Jonathan, CNA015660:** Agreement for Reprimand, Fine of \$50, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Marojevic, Tatjana, LPN13069:** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (22) patient abandonment.

**Martin, Camelia, RN31602:** Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (2) criminal conviction, and (5) controlled substances and/or alcohol.

**McGugan, Heidi, RN28719:** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (6) inappropriate assignment/delegation, and (27) customary standards.

**McMillen, Shannon, RN applicant:** Agreement for Probation for a violation of NRS 632.320 (2) criminal convictions.

**Milroy, Casey, RN applicant:** Denied for violation of NRS 632.320 (12) action in another state.

**Moses, Marilyn, RN32864:** Agreement for Fine of \$100, and class for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Nicolas, Zenaida, RN41236:** Agreement for Reprimand, Fine of \$200, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Nielsen, Katherine, RN applicant:** Agreement for Probation for violation of NRS 632.320 (2) criminal convictions, (5) controlled substances

### ***Who can I call if I have questions about the complaint or disciplinary process?***

**The Board encourages you to call any time you have a question about the disciplinary process or what constitutes a violation of the Nurse Practice Act. Just call the Board and ask for one of the nurse investigators or the director of operations.**

and/or alcohol, and (12) action in another state.

**Pladna, Yvonne, RN34960:** Agreement for Reprimand, Fine of \$200, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Ponder, Jacqueline, CNA015510:** Order of Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NRS 632.342 (2) renewal of certificate.

**Reyes, Elizabeth, RN34137:** Agreement for Reprimand, Fine of \$200, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Rhoades, Megan, LPN10524:** Agreement for Reprimand, Fine of \$200, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Robison, Mary, RN applicant:** Agreement for Probation for a violation of NRS 632.320 (12) action in another state.

**Rogers, Alissa, CNA018360:** Revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation state/federal nursing law/regulation.

**Ross, Elaine, RN32760:** Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances.

**Sarvinehbaghi, Nahid, RN54854:** Agreement for Fine of \$100 and class for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Scott, Tammy, CNA015044:** Denied for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.415 (1) failing to provide continuing education to the Board.

**Seceriat, Victoria, RN36178:** Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances.

**Shau, Laung-Ying, RN33564:** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards.

**Shaw, Roxanne, RN37768:** Agreement for Reprimand, Fine of \$1200, and classes for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (11) positive drug screen as condition of employment, and (36) practice without active license.

**Supple, Eric, CNA011428:** Agreement for Reprimand, Fine of \$50, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Snead, Peggine, CNA011207:** Agreement for Reprimand, Fine of \$50, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**St. Clair, Diane, CNA008513:** Revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Starks, Brenda, LPN09375:** Agreement for Reprimand, Fine of \$200, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Stieren, Kathleen, RN46710:** Agreement for Fine of \$500 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practice without active license.

**Stimac, Michael, RN44028:** Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as condition of employment.

**Tejeda, Phyllis, RN15113:** Order of Reprimand, Fine of \$200, and Classes for violation of NRS 632.320 (14) failing to comply with Board order.

**Vergonia, Teresita, RN29014:** Agreement for Fine of \$50 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

**Walton, Alissa, RN27014:** Agreement for Probation for a violation of NRS 632.320 (2) criminal convictions, and (5) controlled substances and/or alcohol.

**Warner, Cathy, RN20036:** Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, (14) failing to comply with Board order, and NAC 632.890 (27) customary standards of practice, and (35) failing to comply.

**Whitaker, Janice, RN1205:** Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, and NAC 632.890 (35) failing to comply.

**Wilkes, Jennifer, RN44469:** Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) controlled substances and/or alcohol, and NAC 632.890 (35) failing to comply.

**Williams, Tammy, RN28832:** Agreement for Fine of \$300 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without active license/certificate.

**Wood, Sherell, CNA012741:** Agreement for Reprimand, Fine of \$50, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

## What are common types of disciplinary actions?

When considering what kind of disciplinary action it should take, the Board always asks itself, "What is needed to make this person safe to practice?" The answer depends on the nature of the violation, and can range from reprimanding an individual and ordering the person to attend a remedial class to revoking the person's license or certificate. All disciplinary action is reported to national disciplinary data banks. Outlined in the Nurse Practice Act, NRS 632.325, disciplinary actions available to the Board include:

### Denial of Application

If the Board denies an application for licensure or certification, it has determined that the individual violated the Nurse Practice Act. In most cases, the denial is due to criminal convictions and/or submitting a fraudulent application.

### Reprimand and/or Fine

If the Board reprimands or fines a nurse or CNA, it has determined that the individual violated the Nurse Practice Act. This action does not prohibit or restrict the individual's practice.

### Probation

If the Board puts an individual on probation, it means the nurse or CNA may work, but will be working on a restricted license or certificate and monitored by the Board for a specific time period. The probation may also include practice and/or setting restrictions and requirements like classes or random drug tests.

### Suspension

If the Board suspends a license or certificate, it means the nurse or CNA is prohibited from practicing for a designated time period.

### Voluntary Surrender

This means the nurse or CNA has agreed to voluntarily surrender his or her license or certificate and cannot practice in Nevada. If the person applies for reinstatement, the Board weighs evidence of rehabilitation and remediation when considering the application.

### Revocation

If the Board revokes a license or certificate, it means the nurse or CNA cannot practice in Nevada for a minimum of one to a maximum of 10 years. After that time, the nurse or CNA may apply for reinstatement if all the requirements in the order of revocation have been met. The Board weighs evidence of rehabilitation and remediation when considering the application.

## ADMINISTRATION

5011 Meadowood Mall Way, Suite 300, Reno, NV 89502, 888-590-6726  
nursingboard@nsbn.state.nv.us

### **Debra Scott, MSN, RN, APN, FRE, Executive Director**

Statewide Liaison and Spokesperson  
Organizational and Public Management  
Fiscal and Human Resource Management  
Legislative and Governmental Relations  
APN Advisory Committee Chair  
Nursing Practice Advisory Committee Chair

### **Chris Sansom, BSN, RN, Director of Operations**

Program Management  
CNA Advisory Committee Chair

### **Fred Olmstead, General Counsel**

Legal Counsel

### **Dean Estes, Accountant/Technology Officer**

Budget, Accounting and Payroll  
Technology Support, Programming

### **Roseann Colosimo, PhD, MSN, RN, Education Consultant**

Nursing Education Programs  
CNA Training Programs  
Continuing Education Programs  
Education Advisory Committee Chair  
Advanced Practice and International Graduate  
Document Analysis

### **Patty Shutt, LPN, Site Operations Supervisor**

Las Vegas Site Supervision  
Advanced Practice Certificate Processing

### **Marianne Kadlic, Executive Assistant**

Assistant to the Executive Director  
Scheduling  
Board Meeting Agenda and Arrangements  
Nurse Practice Act Publication

## SUPPORT STAFF

### **Adela Smith, Management Assistant**

Assistant to the Accountant/Technology Officer  
Initial and Renewal Applications  
Financial File Management  
Nursing Personnel Lists

### **Christie Daliposon, Management Assistant**

Assistant to the Director of Operations  
Discipline Investigative Support  
Compliance Support

Board Meeting Preparation  
Disability Advisory Committee Scheduling  
Nursys Data Entry

### **Cyndie Souza, Management Assistant**

Discipline Investigative Support  
Yes Answer and Fraudulent Application Processing  
Endorsement Forms  
Board Meeting Preparation  
Nursys Data Entry

## PROGRAM STAFF

5011 Meadowood Mall Way, Suite 300, Reno, NV 89502, 888-590-6726  
2500 W. Sahara Ave., Suite 207, Las Vegas, NV 89102, 888-590-6726  
nursingboard@nsbn.state.nv.us

### Investigations and Monitoring

#### **Linda Aure, BSN, RN-BC, Senior Investigator**

Complaint Investigations  
Nursing Practice Questions

#### **Amy Clark, BSN, RN, Investigator**

Complaint Investigations  
Nursing Practice Questions

#### **Lark Muncy, RN, Investigator**

Complaint Investigations  
Nursing Practice Questions

#### **Kathleen Reynolds, BHS, RN, Compliance Coordinator**

Disability Advisory Committee Chair  
Disability Advisory Committee Scheduling  
Probation and Alternative Program Monitoring  
Reinstatement Applications

#### **Marilyn Schmit, RN, Application Coordinator**

Application Review  
Fraudulent Application Screening

### Licensure/Certification

#### **Sarah Bowen, Licensure Specialist**

Licensure Eligibility Questions  
Endorsement and Examination Applications  
Continuing Education Providers  
International Nurse Graduates and Licensure Issues

#### **Patty Towler, Senior Certification Specialist**

CNA Registry Maintenance  
CNA Certification and Renewals  
CNA Program and Instructor Approvals

#### **Molly Echandy, Licensure/Certification Clerk**

Licensure Eligibility Questions  
Renewal Applications  
Endorsement and Examination Applications  
Continuing Education Providers  
International Nurse Graduates and Licensure Issues

### Support

#### **Sherrie Frederick, Fingerprint Specialist**

Fingerprint Processing  
Fingerprint Report Screening  
Fingerprint Capture

#### **Michelle Wray, Fingerprint Assistant**

Fingerprint Capture  
Program Support  
Inquiries, Information and Referrals

#### **Ariadna Ramos Zavala, Receptionist**

Program Support  
Inquiries, Information and Referrals  
Licensure and Certification Applications  
Spanish-Speaking Services for Consumers

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- **PPCU**
- **L&D**
- **VP of Quality/Risk**
- **Med/Surg/Tele**
- **Concurrent Review Nurse**
- **PACU**
- **Case Manager RN**

*Please send your resume to:*

MountainView Hospital, Human Resources, 3100 N. Tenaya Way, Las Vegas, NV 89128.

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Fax: (702) 233-5301 [www.MountainView-Hospital.com](http://www.MountainView-Hospital.com)

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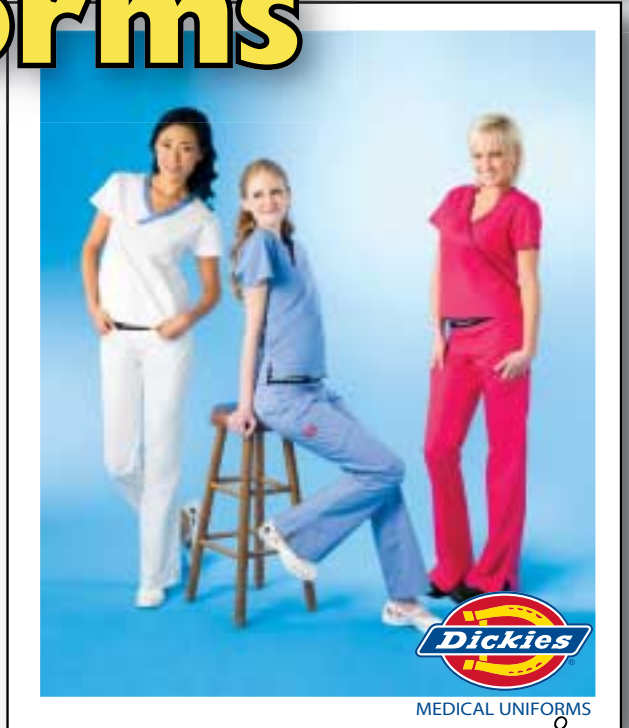
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